

# COMBINED DECLARATION AND POWER OF ATTORNEY

E4898-01  
(\*)  
Copy

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated next to my name. I believe I am the original, first and sole inventor (if only one name is listed below), or an original, first and joint inventor (if plural names are listed below), of the subject matter claimed and for which a patent is sought on the invention entitled:

"STORAGE SYSTEM"

the specification of which: (check one) ☒ is attached hereto.

☐ was filed on \_\_\_\_\_

as Application Serial No. \_\_\_\_\_

and was amended on \_\_\_\_\_  
(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information material to examination of this application according to Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d) or Section 365(b) of any foreign application (s) for patent or inventor's certificate, or Section 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

10-357253 (Number)	Japan (Country)	16 Dec., 1998 (Day/Month/Year Filed)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, Section 119(e) of any United States provisional application(s) listed below.

_____ (Application Number)	_____ (Filing Date)	_____ (Status -- patented, pending, abandoned)
_____ (Application Number)	_____ (Filing Date)	_____ (Status -- patented, pending, abandoned)

I hereby claim the benefit under Title 35, United States Code, Section 120, of any United States application(s) or Section 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application:

(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)

I hereby appoint the following attorneys/agents to prosecute this application and transact all business in the Patent and Trademark Office connected therewith and with any divisional, continuation, continuation-in-part, reissue or re-examination application with full power of appointment and substitution of associate attorneys and agents, and to receive all patents which may issue thereon: Thomas E. Beall, Jr., Reg. No. 22,410; John R. Mattingly, Reg. No. 30,293; Daniel J. Stanger, Reg. No. 32,846; Shrinath Malur, Reg. No. 34,663; Gene W. Stockman, Reg. No. 21,021; Jeffrey M. Ketchum, Reg. No. 31,174; Scott W. Brickner, Reg. No. 34,553. Address all correspondence to:

BEALL LAW OFFICES  
104 East Hume Avenue  
Alexandria, Virginia 22301  
Tel. 703-684-1120

I declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, Section 1001, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Date Dec. 1, 1999 Inventor Masanori ARAKI Masanori Araki  
(Typed Name and Signature)  
Residence Odawara-shi, Japan Citizenship Japan  
Post Office Address 901-1-E202, Renshoji, Odawara-shi, Japan.

Date Dec. 1, 1999 Inventor Masatoshi BABA Masatoshi Baba  
(Typed Name and Signature)  
Residence Odawara-shi, Japan Citizenship Japan  
Post Office Address 14-12-228, Ogicho-5-chome, Odawara-shi, Japan.

Date Dec. 1, 1999 Inventor Yuji SUEOKA Yuji Sueoka  
(Typed Name and Signature)  
Residence Odawara-shi, Japan Citizenship Japan  
Post Office Address 315-1, Renshoji, Odawara-shi, Japan.

Date Dec. 1, 1999 Inventor Isamu KUROKAWA Isamu Kurokawa  
(Typed Name and Signature)  
Residence Odawara-shi, Japan Citizenship Japan  
Post Office Address 72, Naruda, Odawara-shi, Japan.

Date Dec. 1, 1999 Inventor Hisaharu TAKEUCHI Hisaharu Takeuchi  
(Typed Name and Signature)  
Residence Odawara-shi, Japan Citizenship Japan  
Post Office Address 7-50, Nakazato, Odawara-shi, Japan.

Date \_\_\_\_\_ Inventor \_\_\_\_\_  
(Typed Name and Signature)  
Residence \_\_\_\_\_ Citizenship \_\_\_\_\_  
Post Office Address \_\_\_\_\_

Date \_\_\_\_\_ Inventor \_\_\_\_\_  
(Typed Name and Signature)  
Residence \_\_\_\_\_ Citizenship \_\_\_\_\_  
Post Office Address \_\_\_\_\_

Date \_\_\_\_\_ Inventor \_\_\_\_\_  
(Typed Name and Signature)  
Residence \_\_\_\_\_ Citizenship \_\_\_\_\_  
Post Office Address \_\_\_\_\_

Date \_\_\_\_\_ Inventor \_\_\_\_\_  
(Typed Name and Signature)  
Residence \_\_\_\_\_ Citizenship \_\_\_\_\_  
Post Office Address \_\_\_\_\_

Date \_\_\_\_\_ Inventor \_\_\_\_\_  
(Typed Name and Signature)  
Residence \_\_\_\_\_ Citizenship \_\_\_\_\_  
Post Office Address \_\_\_\_\_

Date \_\_\_\_\_ Inventor \_\_\_\_\_  
(Typed Name and Signature)  
Residence \_\_\_\_\_ Citizenship \_\_\_\_\_  
Post Office Address \_\_\_\_\_

Date \_\_\_\_\_ Inventor \_\_\_\_\_  
(Typed Name and Signature)  
Residence \_\_\_\_\_ Citizenship \_\_\_\_\_  
Post Office Address \_\_\_\_\_